

**2008
RENEWAL APPLICATION
INSTRUCTIONS AND FORMS
NONPUBLIC, NONSECTARIAN AGENCY**

**California Department of Education
Special Education Division
Administrative Services Unit
July 2007**

<p>NOTES:</p> <ul style="list-style-type: none">• Instructions for completing each form in the application package are located on the page(s) preceding the form.• Type or print all application information.• Do not include the instructional pages with the submitted application package.• Mail completed package to <p>Administrative Services Unit – NPS/A Special Education Division California Department of Education 1430 N Street, Room 2401 Sacramento, CA 95814</p>
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INSTRUCTIONS

NOTIFICATION OF INTENT TO RENEW NONPUBLIC NONSECTARIAN SCHOOL/AGENCY CERTIFICATION TO THE SPECIAL EDUCATION LOCAL PLAN AREA (SELPA)

Instructions for completing and submitting the SELPA notification:

- The applicant must complete the top portion of the following renewal notification of intent form and attach a copy of the completed renewal application.
- The applicant must mail the renewal notification of intent form along with a copy of the completed renewal application to the SELPA. The applicant must use a mailing service that provides a receipt as proof of delivery.
- The SELPA will return the signed renewal notification of intent form to the applicant. This document, signed by the SELPA, shall serve as proof of notification to the SELPA.
- The applicant must mail the signed SELPA notification of intent form along with the completed renewal application to the California Department of Education (CDE) and retain a copy of the signed SELPA notification and renewal application for his or her files.
- Out-of-state nonpublic schools shall have a notification of intent signed by at least one of their contracting California SELPAs.

**Notification of Intent to Renew
Nonpublic, Nonsectarian School/Agency Certification**

Date: _____

To: Name of Special Education Local Plan Area (SELPA): _____

From: ☐ Name of Nonpublic School (NPS): _____

Address: _____

Site Administrator: _____ Telephone: _____

or:

☐ Name of Nonpublic Agency (NPA): _____

Address: _____

Site Administrator: _____ Telephone: _____

Education Code Section (§) 56366.1(b)(1) requires the applicant to provide the special education local plan area in which the applicant is located with written notification of its intent to seek certification or renewal of its certification to provide services for individuals with exceptional needs.

SELPA USE ONLY

I am the representative of the SELPA in which the applicant is located. I have been notified of the intent of the school or agency named above, to be re-certified by CDE as a nonpublic, nonsectarian school/agency providing services for individuals with exceptional needs. I have reviewed the renewal application and have had the opportunity to provide input on all required components of the application, including the curriculum/course of study and instructional materials for the nonpublic agency.

Printed Name of SELPA: _____

Printed Name of SELPA Representative: _____

Signature of SELPA Representative: _____

Please return this signed verification to the applicant named above for submission to CDE.

INSTRUCTIONS
2008 NONPUBLIC, NONSECTARIAN AGENCY
RENEWAL APPLICATION FORMS

1. Applicant Information

- Each section **must be completed** (e.g. name of school, address, city, name of the county in which your school is located, name of the site administrator and contact person, etc). The site administrator is not the district, county, or special education local plan area (SELPA).
- Provide your FAX number, **e-mail address and Web site address**, if applicable.

2. Disabling Conditions

- Check box for the type(s) of disabilities served by your agency.

3. Population Served:

- Check one box to indicate the group served: ☐ **COED** ☐ **FEMALE** ☐ **MALE**
- Indicate grade level(s) served (**do not indicate un-graded**).
- Indicate age range served.
- Indicate the number of classrooms in operation.
- State the **maximum** number of students to be served by your program for the 2008 calendar year (the program capacity). The fee (**make check payable to "California Department of Education"**) submitted must be aligned with the program capacity.
- Fee schedule:
 - 1-5 pupils - \$300
 - 6-10 pupils - \$500
 - 11-24 pupils - \$1,000
 - 25-75 pupils - \$1,500
 - 76 or more pupils - \$2,000

**2008
RENEWAL APPLICATION FOR CERTIFICATION
NONPUBLIC, NONSECTARIAN AGENCY**

Date: _____

Office Use Only
\$_____ Fee Submitted

1. APPLICANT INFORMATION	
Name of Nonpublic, Nonsectarian Agency:	
Site Address:	
City:	County:
State:	Zip:
Mailing Address (if different):	
City:	State:
State:	Zip:
Site Administrator:	Contact Person:
Telephone: ()	FAX: ()
E-mail Address:	Web Site Address:
2. PRIMARY DISABLING CONDITIONS	
<i>(CHECK BOX FOR THE TYPE(S) OF DISABILITIES SERVED)</i>	
<input type="checkbox"/> AUT Autism	<input type="checkbox"/> MR Mental Retardation – Mod/Svr
<input type="checkbox"/> DB Deaf/Blindness	<input type="checkbox"/> OHI Other Health Impairment
<input type="checkbox"/> DEAF Deafness	<input type="checkbox"/> OI Orthopedic Impairment
<input type="checkbox"/> ED Emotional Disturbance	<input type="checkbox"/> SL Speech or Language
<input type="checkbox"/> HI Hearing Impairment	<input type="checkbox"/> SLD Specific Learning Disability
<input type="checkbox"/> MD Multiple Disabilities	<input type="checkbox"/> TBI Traumatic Brain Injury
<input type="checkbox"/> MR Mental Retardation – Mild/Mod	<input type="checkbox"/> VI Visual Impairment
3. POPULATION SERVED	
Check Box to Indicate Group Served: <input type="checkbox"/> COED <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
Grade Level(s) Served:	
Age Range Served:	
Program Capacity:	

4. Program and Service Description
(EC § 56366.1[a])

Provide a description of the special education and related services provided to individuals with exceptional needs. The following items are required and shall be included in the program and service description:

- Primary disabling conditions of the students served
- Specific services designed to address student needs

[illegible]

5. **Service Fees**

- Include only services that your agency has qualified staff to provide.
- For qualification standards, refer to *California Code of Regulations (CCR)*, Title 5, § 3065, Staff Qualifications-Related Services, including Designated Instruction and Services.
- For each of the services listed on page 8, the names of appropriately credentialed, licensed, certified, or registered staff to perform these services must be recorded on the Staff List and Clearance Information form (page 13). Submit a copy of the appropriate credential, license, certificate, transcript, degree or registration for each staff person listed.

Note: Appropriate abbreviations referenced on the Service Fees form (e.g., BID, LSDR) must be included following services to be provided on the Staff List (page 13, column d).

- List service fees in the following categories:
 - Per hour
 - Per day
 - Per month
 - Included

NAME OF NONPUBLIC, NONSECTARIAN AGENCY:
DATE:

5. SERVICE FEES

(Include only the services your agency currently has qualified staff to provide.)

DESIGNATED INSTRUCTION AND SERVICES AND RELATED SERVICES	Per Hour	Per Day	Per Month
Adapted Physical Education (APE)			
Assistive Technology Services (AST)			
Audiological Services (AS)			
Behavior Intervention Including Development and Modification (BID)			
Behavior Intervention Implementation of Behavior Modification Plans (BII)			
Counseling and Guidance Services (CG)			
Early Education Programs for Children with Disabilities (EE)			
Health and Nursing Services (HNS)			
Instruction in the Home or Hospital (IHH)			
Language and Speech Development and Remediation (LSDR)			
Occupational Therapy Services (OT)			
Orientation and Mobility Instruction (OM)			
Parent Counseling and Training (PCT)			
Physical Therapy Services (PT)			
Psychological Services Other Than Assessment and IEP Development (PS)			
Recreation Services (RS)			
Social Worker Services (SW)			
Specialized Driver Training Instruction (SDTI)			
Specialized Interpreting or Transcribing Services (SIT)			
Specialized Services for Low Incidence (LI) (Identify Service)			
Specially Designed Vocational Education and Career Development (VECD)			
Vision Services (VS)			
Other (OTH) (Identify Service)			

6. Geographic Location of Nonpublic, Nonsectarian Agency

- Provide written directions and a street map showing the location of your agency from the nearest major freeways and airport.
- If services are provided on public or nonpublic schools sites or where the student(s) currently reside, an agency map and written directions are not needed.
- Identify the location of the nonpublic agency's administrative office.

NAME OF NONPUBLIC, NONSECTARIAN AGENCY:
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DATE:

6. GEOGRAPHIC LOCATION OF NONPUBLIC, NONSECTARIAN AGENCY (MAP)

Services will be/are provided on public or nonpublic school sites only: Yes_____ No_____

7. Staff List and Clearance Information

- a) Type or print the full name of all individuals who have contact with students. (This includes administrators, program staff, clerical staff, service providers, teachers, maintenance staff, as well as volunteers). Please list all staff, in order, by assignment and date of hire.
- b) Include the name of the individual to provide services under your certification. In column b, mark an "X" by the individual or organization you subcontract with to provide related services.
- c) Indicate whether the employee is full-time or part-time using the abbreviation FT or PT.
- d) Use the 2-4 letter designation for special education instruction or related services listed on page 8 (for other staff, indicate title of position).
- e) Submit credential, license, certification, or registration for the service(s) in which you seek certification.
 - Related service providers are to submit copies of their credential/licenses.
 - Behavior Intervention Services-Including Development and Modification (BID) providers are to submit credentials, licenses, degrees or transcripts that meet required qualifications.
 - Proof of high school graduation, or equivalent, shall be submitted for staff providing Behavior Intervention-Implementation of Behavior Modification Plans (BII).
- f) Provide the expiration date of certification, credential, license, or registration, if applicable.
- g) Provide the TB clearance date. Refer to page 4, General Information, Tuberculosis Clearance Requirements for clarification.
- h) Provide Department of Justice criminal history clearance dates. Use abbreviations "cred." or "lic." For individuals who received a criminal history clearance date through a credentialing and/or licensing process. For more information, refer to Staff Fingerprint Clearance Requirements beginning on page 3 of General Information.

For Out-of-State Applicants Only: If your state has requirements that are different from above, write a letter and provide a copy of the statute or regulation governing fingerprint or criminal record summaries and submit these with your application.

NOTE: Nonpublic agencies must notify CDE, Special Education Division and their contracting local educational agencies in writing within forty-five days of any credential or licensed personnel changes. Failure to provide properly qualified staff to provide services as specified in the individualized education program shall be cause for the termination of all contracts between the local education school and the nonpublic agency.

Information provided will be accepted only if it is included by using the mandatory form on page 13 or an exact facsimile of the form. All columns must be completed. Use additional sheets if necessary. **Your application may be returned if this information is not complete.**

NAME OF NONPUBLIC, NONSECTARIAN AGENCY:	DATE:
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7. STAFF LIST AND CLEARANCE INFORMATION (Use additional sheets as necessary.)							
(a) Staff Name	(b) Sub- contractor	(c) FT/ PT	(d) Assignment (See page 8)	(e) Type of Cred/Lic/Reg <i>This must match with the assignment listed in (d)</i>	(f) Exp Date Cred/Lic/ Reg	(g) TB Clearance Date	(h) DOJ Criminal History Clearance Date
<i>Example: Gerald B. Smith Date of Hire: 1/4/02</i>		<i>FT</i>	<i>BID, BII</i>	<i>MA degree, counseling</i>		<i>7/01/06</i>	<i>6/7/04</i>
<i>Example: Nancy C. Jones Date of Hire: 6/2/99</i>		<i>FT</i>	<i>CG</i>	<i>Pupil Personnel Services Credential #0123456789</i>	<i>11/30/09</i>	<i>5/26/06</i>	<i>Cred.</i>
<i>Example: John A. Doe Date of Hire: 5/5/05</i>	<i>X</i>	<i>PT</i>	<i>LSDR</i>	<i>Speech Pathologist Lic. #43210</i>	<i>8/30/09</i>	<i>3/26/06</i>	<i>Lic.</i>

8. Program Data Form

- List only the California districts, county offices of education and Special Education Local Plan Areas (SELPA) with which you are currently contracting. Also list the number of students and dollar value of contracts for each contractor.
- List Special Education Director and SELPA Director.
- If you are currently not contracting with any school districts, county offices of education, or SELPAs, put an "X" in the box at the bottom of page 15.

Note: A nonpublic, nonsectarian agency that is located outside of California is eligible for certification pursuant to *EC* § 56366.1 only if a pupil is enrolled in a program operated by that agency pursuant to the recommendation of an individualized education program team in California, and if that pupil's parents or guardians reside in California. (*EC* § 56365 [i])

NAME OF NONPUBLIC, NONSECTARIAN AGENCY:
DATE:

8. PROGRAM DATA
(USE ADDITIONAL SHEETS AS NECESSARY.)

Name of Contracting District/County Office of Education	Name of Contracting SELPA	Special Education Director	SELPA Director	Number of Students	Contracts-Total Dollar Value
<i>Example:</i>					
	<i>Ventura SELPA</i>		<i>Jane Doe</i>	<i>20</i>	<i>\$20,000.00</i>
<i>Claremont Unified School District</i>		<i>Bill Doe</i>		<i>20</i>	<i>\$20,000.00</i>
<i>Any Town Union Elem School District</i>		<i>John Doe</i>		<i>20</i>	<i>\$20,000.00</i>
TOTALS					\$

☐ This NPA is currently not contracting with any school district, county office of education, or SELPA.

12a. Annual Operating Budget (*EC* § 56366.1[a][4], *EC* § 56366.1[l])

Please submit the annual nonpublic agency budget. This fiscal plan should be submitted through a line-item budget format. The annual operating budget is to represent costs associated solely with providing nonpublic agency services to special education students.

SUPPLEMENTAL INFORMATION NEEDED FOR CERTIFICATION RENEWAL OF NONPUBLIC, NONSECTARIAN AGENCY

Annual Fire Inspection Clearance

If you provide services at your site, submit a completed fire inspection clearance form. It is a requirement of certification that a fire clearance be issued by the appropriate city, county, fire district or state fire official not less than once each calendar year. All sites that provide services to students on their premises shall have individual fire clearances.

Other documentation provided by your local fire department (i.e., STD 850) may be utilized and attached to the CDE fire clearance form that provides the same information, location and the name of the nonpublic, nonsectarian agency.

Assurance Statement

Submit a written acknowledgement that you have read and comply with all assurances.

Positive Behavior Intervention

Submit a written acknowledgment that you have read and agree to comply with the Positive Behavior Intervention Regulations, CCR, Title 5 § 3052.

Out-of-State Applicants Only (Certification by your State Department of Education)

Submit a copy of your current certification or license by your State Department of Education to provide educational services to children with disabilities under PL 105-17 for the state in which your agency is located.

FIRE INSPECTION CLEARANCE*

If services are provided on public or nonpublic school sites only, this form is not required.
THIS ENTIRE FORM MUST BE COMPLETED BY THE INSPECTING AUTHORITY.

Name of Nonpublic, Nonsectarian Agency:			
Address:			
City:	County:	State:	Zip:
FACILITY CAPACITY:			
This facility is approved to serve (<i>check appropriate one</i>):			
<input type="checkbox"/> a. ambulatory <input type="checkbox"/> b. non-ambulatory <input type="checkbox"/> c. both			
This facility complies with all applicable standards related to fire and life safety (<i>check one</i>):			
Yes <input type="checkbox"/>		No <input type="checkbox"/>	
This facility is in violation of standards; the following corrections are needed (<i>use back of form for more violations</i>)			
1.			
2.			
3.			
4.			

Nothing contained herein shall be construed as encompassing the structural stability of any building or as abrogating any more restrictive requirements by other agencies having jurisdiction.

For answers to any questions regarding the above clearance contact:

Inspector (print name):	
Title:	
Signature:	
Name of Inspecting Agency:	
Telephone: ()	Date of Inspection:

Contact the local city or county fire department or the fire district providing fire protection services to arrange for this clearance. If you cannot obtain a local fire clearance, your fire inspection can be ordered through the State Fire Marshal. Contact our office for this form. **All sites MUST have individual fire clearances.**

It is a requirement of certification that a fire inspection clearance be issued by the appropriate city, county, fire district or state fire official not less than once each calendar year.

*Other documentation provided by your local fire department (i.e., STD 850) may be utilized and attached to the CDE fire clearance form that provides the **same information**, name of the nonpublic, nonsectarian Agency, location, total classroom occupant load and number of classrooms.

NAME OF NONPUBLIC, NONSECTARIAN AGENCY:

DATE:

ASSURANCE STATEMENT

As indicated by my initials and signature below, **I assure** that the nonpublic, nonsectarian agency listed above will maintain compliance with all of the following items:

- _____ 1. In accordance with the *Government Code* 12950.1, California Fair Employment and Housing Act and Executive Order 11246, employers may not discriminate based on any of the following: age, ancestry, color, disability, national origin, race, religion, sex or sexual orientation.
- _____ 2. Compliance with Title VI of the Civil Rights Act and all requirements imposed by or pursuant to the provisions of this Act, and to that end, no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the agency receives federal and state financial assistance, and hereby gives assurance that it will immediately take any measure necessary to effectuate this agreement.
- _____ 3. The nonpublic, nonsectarian agency will comply with the rules and regulations of Part 84, section 504 of the Rehabilitation Act and all subsequent amendments, in that no qualified disabled person shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity including those which receive or benefit from financial assistance.
- _____ 4. Compliance with OSHA Bloodborne Pathogens Standards, 29 *Code of Federal Regulations* (CFR) 1910.1030.
- _____ 5. Pursuant to the requirements of the Drug Free Workplace, *U.S. Code*, Title 41, § 701, the employer must provide a drug free workplace. It is unlawful to manufacture, distribute, use, or possess a controlled substance in the workplace.
- _____ 6. Compliance with the Individuals with Disabilities Education Act, and all subsequent amendments and requirements imposed by or pursuant to the provisions of these Acts shall be maintained.
- _____ 7. The nonpublic agency has a written policy on sexual harassment. (*EC* 231.5)

NAME OF NONPUBLIC, NONSECTARIAN AGENCY:
DATE:

ASSURANCE STATEMENT- continued

- _____ 8. The rights of children with disabilities and their parents or guardians are protected in such ways as: (1) prior notice, and consent, (2) access to records, (3) confidentiality, and (4) due process procedures.
- _____ 9. The nonpublic agency shall maintain records of the written instructional plans and short-term objectives for each child enrolled and will specify the special education program and related services to be provided. Such plans shall be developed, reviewed, or revised as appropriate to the child's IEP early in each school year and during the first year at least one other time.
- _____ 10. The nonpublic agency meets the requirements established by or under authority of the laws of the state and applicable city and/or county ordinances. Environmental health, sanitation and other building features shall not be detrimental to the health and safety of the students and staff.
- _____ 11. The nonpublic agency has the necessary financial resources to provide an appropriate education for the children enrolled and will distribute those resources in such a manner as to implement the IEP for each and every child.
- _____ 12. All personnel employed after 1/1/85 have signed a statement acknowledging their understanding of the reporting requirements in the cases of observed or suspected cases of child abuse. [*Penal Code 11166.5*]
- _____ 13. The nonpublic, nonsectarian agency applicant is not operated or controlled by a sectarian group. The primary purpose of the facility is nonreligious and religious education is not part of the facility's program.

I certify under penalty of perjury that the above-named agency is committed to follow all laws and regulations as stated above.

Name (Print):			
Title:			
Signature:			
Mailing Address:			
City:	County:	State:	Zip:
Telephone: ()			

July 1, 2007

To: New & Renewing Nonpublic Schools and Agencies

From: Mary D. Hudler
Director, Special Education Division

Subject: Positive Behavior Intervention Regulations

All nonpublic schools and agencies are required to comply with the provisions of *California Code of Regulations*, Title 5, Section 3052, relative to the provision of behavior intervention. It is important that you read these regulations and acknowledge that you will comply with the requirements.

You can secure a copy of these rules by purchasing *A Composite of Laws* from CDE Press (800) 995-4099 or you can access these regulations, free of charge, through the following web site:

http://www3.scoe.net/speced/laws_search/searchLaws.cfm.

Please sign and return this page with your nonpublic school and/or agency application.

This is to acknowledge that I have read *California Code of Regulations*, Title 5, § 3052. These rules provide guidance relative to positive behavior interventions. I agree that the nonpublic school or agency, for which I serve as a representative, will comply with all discipline practices, procedures for behavioral emergency intervention and prohibitions. I also ensure compliance with my school/agency's role in conjunction with the contracting local education agency in developing and implementing a pupil's behavioral intervention plan consistent with these regulations.

Printed Name of Representative

Signature of Representative

Name of Agency

Date